



APPLICATION FOR FACILITY USE

NO SMOKING and NO ALCOHOLIC BEVERAGES are permitted on the property.

Valor Institute Facility Area Requested:

Event Date Requested:

Start Time: _____

End Time: _____

Organization Name: _____

Organization Type: (circle one) School Group Program Partner Non-Profit Private

Type of Event: Practice Game Competition

(circle one)

Meeting

Performance

Trade Show

Banquet

Tournament

Concert

Other _____

Name of Contact (Person Responsible for Facility Rental)

Number of Attendees

Address: _____

Cost Per Person (if applicable)

Phone #: _____

Email: _____

(for confirmation, communication, invoicing)

Principal Approval: _____

Date: _____

Operations Approval: _____

Date: _____

For Internal Use Only: (Please date and initial)

Application: _____

Invoice: _____

Payment Received: _____

Plant Manager Over Time Approval: _____ (initial)

Contact Us:

Valor Institute Operations

Email: rentals@thevalorinstitute.org